

# 2017 Health Plans Comparison Chart - Retirees



The chart below provides a side-by-side comparison of your medical plan options, key provisions and costs.

United Healthcare Point of Service Plan (POS)			United Healthcare Consumer Driven Plan (CDHP) with Health Savings Account (HSA)	
Copays	Network	Non-Network	Network	Non-Network
Primary Care Office Visit	\$25 copay	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist Office Visit	\$35 copay	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Preventive Care Visit	\$0	\$0	\$0	\$0
Preventive Lab/X-ray	\$0	\$0	\$0	\$0
Emergency Room Visit	\$250 copay	\$250 copay	Deductible/Coinsurance	Deductible/Coinsurance
Deductibles				
Retiree	\$600	\$1,200	\$1,300	\$2,600
Family (2 or more)	\$1,200	\$2,400	\$2,600	\$5,200
	(Two individual deductibles of \$600 each)		(Pooled deductible for all family members on the plan)	
Coinsurance (after meeting deductible)				
	Plan pays 80%; Retiree pays 20%	Plan pays 60%; Retiree pays 40%	Plan pays 80%; Retiree pays 20%	Plan pays 60%; Retiree pays 40%
CDHP Plan Participants Only – Pinellas County HSA Contribution*				
			\$400 Retiree/\$1,200 Retiree + one or more	
Maximum Out-of-Pocket Expense to Retiree (includes deductible)				
Retiree	\$2,600	\$5,200	\$3,000	\$4,200
Retiree + Spouse/DP	\$5,200	\$10,400	\$4,000	\$5,600
Retiree + Child(ren)	\$5,200	\$10,400	\$4,000	\$5,600
Full Family	\$5,200	\$10,400	\$6,000	\$8,400
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription (through Express Scripts)				
Up to 30 days retail	Dependent upon drug classification \$15 copay 20% coinsurance min: \$30, max: \$60 40% coinsurance min: \$45, max: \$90		Free Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	
Preventive				
Generic				
Preferred				
Non-preferred				
Up to 90 days retail/mail	Preventive, Generic, Preferred, Non-Preferred: 2x 30 day cost; 20% coinsurance min: \$60, max: \$120 40% coinsurance min: \$90, max: \$180		Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	
Specialty-Preferred				
Specialty-Non-Preferred				
EAP/Mental Health (through ComPsych)				
EAP Visits	Up to 6 per person per year, no copay \$10 copay \$100 deductible		Up to 6 per person per year, no copay Deductible/Coinsurance Deductible/Coinsurance	
Mental Health Office Visits				
In-Patient Care				
Vision Correction (through Davis Vision)				
Basic Exam (refraction)	\$10 copay		\$10 copay	
Basic Lenses	\$20 copay		\$20 copay	

**See [Health Plan Rates for Non-Medicare Eligible Retirees](#)**

(The rates are the same for the Consumer Driven and Point of Service health plans).

\*You must have an open HSA with Optum Bank in order to receive the County contribution.

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